

POSITION	INITIALS	ID NO.	DATE
	<i>Hobbs</i>		03-15-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>20</i>	<i>4/12</i>
FORMALITY REVIEW	<i>H-S</i>	<i>866</i>	<i>04-26-01</i>
RESPONSE FORMALITY REVIEW	<i>A</i>	<i>676</i>	<i>07/03/02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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TD  
04/01